

*GENTLE TEACHING: TRYING TO WIN FRIENDS AND INFLUENCE
PEOPLE WITH EUPHEMISM, METAPHOR, SMOKE, AND MIRRORS*

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I first encountered gentle teaching (GT) at a conference a few years ago where I was told by an obviously new convert, "Behavior modification is dead, you know. McGee and his colleagues have shown it to be nothing more than a scientific form of torture and we are moving on to new and better ways of treating clients. It's called 'gentle teaching' and it really works, you know. We just 'bond' with them and they get better. And the staff like it too, you don't have to follow a lot of rules and junk, or take a lot of data, and the best thing is that you never ever have to punish those poor souls."

Bemused, I dismissed the claims and accusations as outlandish but was later shocked to discover that she had the party line just about right. Of course, to anyone trained in behavior analysis, such rhetoric is totally incompatible with what our field stands for. Ours is a field dedicated to the functional analysis of behavior, so if there was a communication problem we would pick up on it. We are committed to a positive approach to treatment. Reinforcement is something we believe in, and we practice it completely in our constant search for new and better ways to alleviate pain and suffering. I was certain that GT, based on false premises and shallow promises, would go away (although probably not immediately). Like hot apple pie, GT has an appeal that is hard, if not impossible, to resist.

Based on the fantasy that all behavior problems are merely communications gone awry, GT proposes to be a philosophy, a humane technology, and an insightful, politically correct view of behavior problems. It is clearly a message for the masses, but is it effective? Can the rhetoric stand up to critical review? Can wishful thinking and a

little politically correct mumbo-jumbo really replace a science of human behavior?

All of these questions come to mind when I think about GT. Thus, I was delighted to see that a manuscript had been submitted to the *Journal of Applied Behavior Analysis (JABA)* that proposed to review critically the literature in this area. Along with many other *JABA* readers, I haven't had the time to research and read all the GT articles published in obscure journals, and I looked forward to a critical review from some independent observers. Jones and McCaughey (1992) have performed a valuable service in gathering all the available material on GT. My task now is to try to put some perspective on the "critical review" that they have prepared for us.

There was no small effort by any means, because the purveyors of GT have chosen not to publish their work in any of the standard peer-reviewed journals in our field. Indeed, a review of the references yields not a single publication in any scientific journal. This is a telling point, because it makes clear to those of us who are looking on in some amazement at the ready acceptance of the tenets of GT that this is not a scientific endeavor in any respect. Unfortunately, most providers, advocates, parents, and staff are not well versed in scientific method and do not bring a critical eye to the discussion. As citizens primarily concerned with the health and welfare of these developmentally disabled persons, they are easily persuaded by someone with a message of doom and revelation. When a professor from a major university sounds the alarm and uses terms like "torture," who wouldn't sit up and listen?

Background and Definitions

The authors devote the first half of their paper to presenting the background and precepts of GT.

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This portion of the paper is a review but is not a critical review. Jones and McCaughey (1992) simply quote McGee, Menolascino, Hobbs, and Menousek (1987) and offer little comment on the logic or foundation of the various elements of GT. The definition of GT is presented uncritically and without a reference. Surely some comment is necessary when one reads, "Gentle teaching can be defined as a nonaversive method of reducing challenging behavior that aims to teach bonding and interdependence through gentleness, respect, and solidarity" (Jones & McCaughey, 1992, pp. 853–854). Assuming this is a close paraphrase of a definition provided somewhere by McGee or his colleagues, it nonetheless requires a degree of skepticism. Critical readers will recognize that the definition does not define a procedure but an outcome—"bonding and interdependence." Certainly if one were to try to use "gentleness, respect, and solidarity" as treatment procedures, considerable operational terminology would be required to obtain interobserver reliability. By implication, the authors appear to accept this as an adequate definition, a somewhat disturbing way to begin a critical review.

Assumptions

Bonding, one of three assumptions underlying GT, is treated quite gently by our reviewers. If there is a softer dependent variable I don't believe I have seen it, yet Jones and McCaughey (1992) make no comment or even hint that such a vague concept could cause problems for therapists or researchers. Behavior analysts who have worked extensively with developmentally disabled individuals readily recognize that the delivery of reinforcement by staff can cause the staff to become conditioned reinforcers. These individuals will frequently approach, caress, or otherwise demonstrate that these staff members have become reinforcing to them. "Bonding" does not explain this process but merely labels, inadequately, some possible side effects of reinforcement delivery by humans. A more critical review would have pointed out the problems with this definition and suggested a more complete behavior analysis.

The notion that *some* "challenging behaviors" (read behavior problems) are due to the individual's attempt to communicate is pretty well accepted by behavior analysts. From the perspective of Jones and McCaughey, McGee et al. (1987) suggest that most, if not *all*, such problems are the result of an inability to communicate. Even my undergraduate students with only one semester's experience with developmentally disabled clients find this far-fetched. The desire to escape from requests or training, medication side effects, and physical problems (e.g., allergies, colds, premenstrual syndrome, or low-grade fever) all "cause" behavior problems in clients independent of their ability to communicate. The failure of Jones and McCaughey to detect this flaw in the basic assumptions certainly gave me reason to worry about their ability to analyze GT critically.

As the third assumption, "value" is perhaps the most difficult concept. The notion that "every person's value is intrinsic, simply because she or he is a unique human being" (p. 855) has questionable significance because it is so widely accepted. This assumption does not differentiate GT or make it special. The fact that hundreds of researchers and thousands of teachers, trainers, and therapists devote their lives to working with developmentally disabled clients makes it clear that all of us in the human services hold this same value system. Jones and McCaughey could easily have pointed out this "holier than thou" attitude and thus alert readers to the messianic nature of GT advocates.

Gentle Teaching Techniques Are Behavioral

McGee et al.'s (1987) list of nine specific techniques at last allows us a glimpse of what GT is from a procedural perspective. Interestingly, seven of the nine techniques are clearly behavioral, yet the authors make little mention of this unusual fact. If GT consists simply of various combinations of extinction, reinforcement, shaping, fading, errorless learning, and physical management, then why all the fuss and rhetoric? McGee himself admits that the techniques are not new but apparently is unaware of their origins in behavioral research or is unwilling to give credit. In either case, one would

think that a critical review would lean heavily on this point.

Strengths of Gentle Teaching?

In detailing the so-called "strengths" of GT, Jones and McCaughey (1992) reveal their lack of critical ability to deal with the literature they so painstakingly gathered. There is no doubt that researchers and therapists need to take account of more than one behavior at a time, and they need to consider more than just proximal environmental variables when analyzing behavior problems and devising solutions. There is nothing in the assumptions of behavior analysis to preclude this orientation; indeed, this view is readily accepted nowadays.

The authors' treatment of "mutual change," the second so-called strength of GT, is also somewhat unusual. As presented, this tenet says, "successful relationships require input and commitment from both parties. . . . In this way, GT is targeted at caregivers as well as individuals with learning difficulties" (p. 857). Behavioral interventions (including those employed in GT) *obviously* require the staff to change their behavior; otherwise, there would be no point to the endeavor. This staff change (e.g., ignoring inappropriate behavior, reinforcing appropriate behavior) is the independent variable of most of the published studies in the field. We certainly do not expect developmentally disabled individuals to change *their* behavior first. Contrary to Jones and McCaughey's observation, this is certainly no feather in the cap of GT; it is a simple requirement of any behavior-change program. There is nothing presented to back up the assertion that "GT aims to reinforce staff members for their interactions with clients" (p. 858) and, in the absence of a specific and well-organized staff-management system, it is unlikely to occur in sufficient strength to maintain staff performance.

Criticisms of Gentle Teaching: Apologies Instead

Jones and McCaughey (1992) appear to balance their paper by including a major section entitled "Criticisms of Gentle Teaching." However, a closer

examination reveals little more than an extended apology for the many flaws in GT. Under "no clear guidelines," for example, Jones and McCaughey excuse the dramatic flip-flops in philosophy (use extinction for maladaptive behavior, don't use extinction; bonding is important, bonding is confusing) by arguing that GT is an "evolving philosophy." Readers of *JABA* will readily recognize that the real criticism is not that GT is an evolving philosophy but that it is *just* a philosophy. Treatment procedures with a scientific base and an ongoing evaluation component do not suffer from this apparent malady. I applaud Jones and McCaughey for pointing out the inconsistencies, but surely more weight must be given to this criticism.

The authors' light-handed approach is also seen when they deal with the issue of the ineffectiveness of GT. Jones and McCaughey (1992) cite five articles by researchers other than McGee. In their subsequent analysis, it is clear that in four of the five, the results clearly showed that GT was ineffective; in the fifth the results were mixed. McGee's claim for universal effectiveness is clearly unwarranted (as these data suggest), but Jones and McCaughey's treatment is equally uncritical: "future research will confirm . . . that GT is effective for some individuals and ineffective for others" (p. 861). Such a statement adds little to our understanding of the literature on GT.

McGee exhibited none of the characteristics of the careful, thoughtful researcher when he cited published studies or discussed aversive procedures. In equating behavior modifiers with torturers (McGee et al., 1987), he clearly has gone beyond the bounds of credibility; his frequent and deliberate misquotation of published studies also establishes his lack of respect for scholarship. In their review, Jones and McCaughey serve us well in this department.

The next criticism appears a little specious. Even a harsh critic of GT would find little solace in the notion that GT amounted to an aversive intervention. One has to stretch the limits of terminology to determine that primarily positive procedures could cause any real harm. I agree with O'Brien (1989) that these are mere word games and deserve little

notice. Anyone who has worked with developmentally disabled clients knows full well that a large percentage will initially resist and refuse even the most positive training. Such an outcome is easily understood, due no doubt in part to some history with inept and misguided training.

As described earlier, GT appears to put forward the proposition that all or most "challenging" behaviors are the result of a deficit in communication on the part of the client. As I have previously pointed out, this is clearly a naive notion, and Jones and McCaughey (1992) properly call McGee et al. (1987) to task for their lack of breadth in understanding behavior and keeping up with the research literature. To dismiss a case of head banging as merely a sign that the client has not bonded with another person, when it could well be an indication of seizure activity or possibly a brain tumor, is ludicrous and irresponsible. Jones and McCaughey appear to understand this and make one of their more powerful cases for a significant deficiency in the GT model.

My favorite section of the Jones and McCaughey (1992) review involves their analysis of GT and behavior analysis. They have brought together in one place many of the quotes I had heard, and give us a clear foundation for critiquing both McGee and GT. The Brandon papers in particular are revealing, because Brandon attended a McGee workshop and was able to report firsthand on the rabble rousing. Jones and McCaughey's conclusion, however, does not follow, at least for me, from their evaluation. They conclude that "there are many areas of overlap and . . . the differences that do emerge are more philosophical than procedural" (p. 864).

The differences between GT and behavior analysis have little to do with philosophy, because behavior analysis is a set of techniques and *not* a philosophy at all. In our effort to develop a science of behavior, we have specifically avoided spouting philosophy in our published works. In fact, if an author were to include such pontificating in a submitted manuscript, it would no doubt be rejected as inappropriate for a scientific journal. It is easy to see how the supporters of GT might get the

wrong idea and conclude that we do not care about the clients with whom we work. If there is any value to GT, it should be prodding behavior analysts to make their value system clear in their presentations to public forums and in their contact with teachers, therapists, trainers, and administrators. We need to expound, in the proper forum, on our desire to improve the lives of the clients we serve. We need to repeat loud and often our commitment to increasing the dignity of individuals who are handicapped and assure all who will listen that we in no way would harm them. Behavior analysts need to support human rights committees and peer review committees to guarantee that only effective, ethical treatments are used with our clients. In those cases in which some aversive treatment is necessary, it should be used only as a last resort and only with the utmost oversight and supervision to guarantee that no harm comes to the client.

We Care Too, But a Respect for Science Must Prevail

I believe, contrary to Jones and McCaughey's (1992) assertion, that GT and behavior analysis have the same philosophy when it comes to a concern for client welfare. Behavior analysts do not disagree with the philosophy of GT toward clients (because it is congruent with our own) but abhor GT's total disregard for science and the scientific method in determining which methods are appropriate in treating the developmentally disabled.

Diatribes and slander are not the road to truth. If we are to find treatment procedures that work and cause no harm, we have little choice but to adopt the methods of science, and our findings must be available for scrutiny by research peers instead of the howling masses. Rather than suggest that each side learn from the other, Jones and McCaughey should have insisted that the rules of science must prevail if we are to arrive at an effective technology of behavior. In not recommending this approach, they have done *JABA* readers a great disservice. I salute Jones and McCaughey for their diligent efforts to bring some sense to the debate about GT and hope their presentation and this

discussion will encourage behavior analysts to evaluate our behavioral techniques and our philosophy more closely.

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